DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200316548-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which is a	attached hereto unless the	e following hav is ab	necked:		
·					
Number	was filed on as US Application No. or PCT International Application Number and was amended on (if applicable).				
	ereby state that I have reviewed and understood the contents of the above-identified specificat				
I hereby state that I have re including the claims, as ame disclose all information which	nded by any amendment	(s) referred to abov	e. I acknowledge the duty t		
	its under Title 35, United State ad have also identified below ar	ny foreign application for	any foreign application(s) for patent o patent or inventor(s) certificate havir		
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
			YES: NO:		
			YES: NO:		
Provisional Application					
I hereby claim the benefit under Titl below:	e 35, United States Code Sect	lon 119(e) of any United	States provisional application(s) liste		
	APPLICATION NUMBER	FILING DATE			
insofar as the subject matter of each manner provided by the first paragra	n of the claims of this applicati aph of Title 35, United States (on is not disclosed in the Code Section 112, I ackr	States application(s) listed below and a prior United States application in the provided part of the prior of		
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

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ATTORNEY DOCKET NO. 200316548-1

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Inventor's Signature	eman	Date		
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Full Name of joint inventor:	Corvallis, OR	•		
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Inventor's Signature		05/05/07 Date		
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Full Name of joint inventor:		Описнопр.		
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of joint inventor:		Citizenship:		
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of joint inventor:		Citizenship:		
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